Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the:  EASTERN DISTRICT OF TEXAS		
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is a amended filing

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

# Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that is on government-issued pictur identification (for example your driver's license or passport).	First Name	First Name  Middle Name
	Hawkins	<u> </u>
Bring your picture identification to your meet	Last Name ing	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the last 8 years	First Name	First Name
Include your married or	Middle Name	Middle Name
maiden names.	Last Name	Last Name
3. Only the last 4 digits of your Social Security	xxx - xx - <u>7</u> <u>1</u> <u>7</u> <u>7</u>	xxx - xx
number or federal Individual Taxpayer	OR	OR
Identification number (ITIN)	9xx - xx	9xx - xx

Debtor 1 Pamela		G.	Hawkins	Case number	er (if known)	
	First Na	me	Middle Name	Last Name		
			About D	ebtor 1:	About	Debtor 2 (Spouse Only in a Joint Case):
4.	Any business		☐ I ha	ve not used any business names or EIN	Ns. 🔲 Ih	ave not used any business names or EINs.
	and Employer Identification I		Anglea'	s Little Angels		
	(EIN) you have	used in	Business I	name	Business	s name
	the last 8 year	S	Business	name	Business	s name
	Include trade n doing business					
	doing business	as names	Business i	name	Business	s name
			<u>7</u> <u>5</u>	- 2 9 4 2 8 2 5	EIN	
			EIIN	_	EIIN	_
			EIN		EIN	
5.	Where you live	e			If Debt	or 2 lives at a different address:
			2512 Ly			
			Number	Street	Number	Street
			Tulos	TV 75700		
			Tyler City	<b>TX 75702</b> State ZIP Code	City	State ZIP Code
			Smith			
			County		County	
				nailing address is different from		or 2's mailing address is different
				above, fill it in here. Note that the send any notices to you at this		d any notices to you at this mailing
			mailing a		addres	
			Number	Street	Number	Street
			<del></del>		P.O. Box	
			P.O. Box		P.O. Box	
			City	State ZIP Code	City	State ZIP Code
_			01 1		0, ,	
6.	Why you are c this district to	_	Check o		Check	
	bankruptcy		لنا ا	er the last 180 days before filing this tion, I have lived in this district longer		er the last 180 days before filing this tition, I have lived in this district longer
			•	n in any other district.		an in any other district.
			☐ Iha	ve another reason. Explain.	☐ Ih	ave another reason. Explain.
				e 28 U.S.C. § 1408.)		ee 28 U.S.C. § 1408.)
			A1	<b>D</b> 1 4 <b>0</b>		
ľ	art 2: Tell	the Court	About Your	Bankruptcy Case		
7.	The chapter of	f the	Check one	e: (For a brief description of each, see N	Notice Requir	ed by 11 U.S.C. § 342(b) for Individuals Filing
	Bankruptcy Co	-	for Bankru	ptcy (Form 2010)). Also, go to the top of	of page 1 and	I check the appropriate box.
	are choosing t under	.o me	☐ Chap	ter 7		
			☐ Chap	ter 11		
			☐ Chap	ter 12		
				ter 13		
			☑ Chap	10		

Deb	otor 1 Pamela	G.	Hawkins	Case number (if known)	
	First Name	Middle Nan	ne Last Name		
8.	How you will pay the fee	o	will pay the entire fee when I file ourt for more details about how yo ay with cash, cashier's check, or n ehalf, your attorney may pay with	u may pay. Typically, if you are panoney order. If your attorney is su	aying the fee yourself, you may bmitting your payment on your
			need to pay the fee in installmen ndividuals to Pay Your Filing Fee in		• •
		E tl	request that my fee be waived ( by law, a judge may, but is not requent 150% of the official poverty ling the in installments). If you choose tilling Fee Waived (Official Form 10)	ired to, waive your fee, and may o e that applies to your family size a this option, you must fill out the Ap	nd you are unable to pay the
9.	Have you filed for	□ N	lo		
	bankruptcy within the last 8 years?	<b>⊘</b> Y	es.		
		Distric	Eastern District of Texas	When 08/31/2012 MM / DD / YYYY	
		Distric	Eastern Districtd of Texas	When <u>09/28/2010</u> MM / DD / YYYY	Case number 10-61041
		Distric	t	When	Case number
10.	Are any bankruptcy cases pending or being	<b>☑</b> ▷	lo	WIW/DD/TTTT	
	filed by a spouse who is		es.		
	not filing this case with you, or by a business	Debto	r	Relations	ship to you
	partner, or by an affiliate?	Distric	.t	When MM / DD / YYYY	
		Debto	r	Relations	ship to you
		Distric			_ Case number,
11.	Do you rent your residence?		residence?  No. Go to line 12.	in eviction judgment against you a ement About an Eviction Judgmen	, , , ,
			and file it with this bank		

		Pamela First Name			Hawkins Last Name		Case number (if known)		
_						Cala Daare			
12	art 3:	Report About	Any B	usine	sses You Own as a	Sole Propr	rietor		
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4.  Name and location of bu	usiness			
	busines	proprietorship is a			Name of business, if any				
	separat	ial, and is not a e legal entity such as ration, partnership, or			Number Street				
		ave more than one			City		State	ZIP C	Code
	separat	e sheet and attach it			Check the appropriate	box to describe	e your business:		
	to this petition.				Single Asset Real Stockbroker (as de	Estate (as def efined in 11 U.s r (as defined in	d in 11 U.S.C. § 101(27A) ined in 11 U.S.C. § 101(5 <sup>-1</sup> S.C. § 101(53A)) i 11 U.S.C. § 101(6))	•	
13.	Chapte Bankru are you	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		set ap st rece	ppropriate deadlines. If y nt balance sheet, statem	ou indicate that ent of operation	know whether you are a s t you are a small business ns, cash-flow statement, a ne procedure in 11 U.S.C.	s debtor, you and federal i	u must attach your ncome tax return
	debtor	debtor?	$\overline{\mathbf{V}}$	No.	I am not filing under Ch	napter 11.			
		For a definition of small business debtor, see		No.	I am filing under Chapte the Bankruptcy Code.	er 11, but I am	NOT a small business de	btor accordi	ing to the definition in
	11 U.S.	11 U.S.C. § 101(51D).		Yes.	I am filing under Chapte Bankruptcy Code.	er 11 and I am	a small business debtor a	ccording to	the definition in the
Pa	art 4:	Report If You (	Own o	r Hav	e Any Hazardous P	roperty or A	Any Property That N	leeds Imr	mediate Attention
14.	propert alleged immine	Do you own or have any property that poses or is alleged to pose a threat of mminent and identifiable		No Yes.	What is the hazard?				
	hazard to public health or safety? Or do you own any property that needs immediate attention?				If immediate attention is	s needed, why	is it needed?		
	perisha livestoc a buildi	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number Str	eet		
						City		- State	ZIP Code
								2.0.0	5000

Debtor 1

G. Pamela Hawkins Case number (if known) First Name Middle Name Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a brief	ing abou
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

through the internet, even after I

reasonably tried to do so.

 □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency. along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

#### ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 F		Pamela	G.	Hawkins		Case number (if known)		
		First Name	Middle Na	ime Last Name				
P	art 6:	Answer These	Questi	ons for Reporting Pเ	ırpos	ses		
16. What kind of debts do you have?					-	sumer debts? Consumer de rimarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
				money for a business or ☐ No. Go to line 16c. ☑ Yes. Go to line 17.	invest	ment or through the operation	of th	
			16c.	State the type of debts ye	ou ow	e that are not consumer or bus	sines	s debts.
17.	Are yo Chapte	u filing under er 7?		No. I am not filing under	· Chap	oter 7. Go to line 18.		
	any ex	u estimate that after empt property is		•		•	-	xempt property is excluded and to distribute to unsecured creditors?
	admini	excluded and administrative expenses		□ No				
	availab	id that funds will be ble for distribution ecured creditors?		Yes				
18.		nany creditors do timate that you	<u> </u>	1-49 50-99		1,000-5,000 5,001-10,000		25,001-50,000 50,001-100,000
	owe?	amato mat you		100-199 200-999		10,001-25,000		More than 100,000
19.		nuch do you ite your assets to rth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		nuch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

G. **Hawkins Pamela** Debtor 1 Case number (if known) First Name Middle Name Last Name Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Pamela G. Hawkins Pamela G. Hawkins, Debtor 1 Signature of Debtor 2 Executed on **01/09/2017** Executed on

MM / DD / YYYY

MM / DD / YYYY

Debtor 1	Pamela	G.	Hawkins	Case number (if known)
	First Name	Middle Name	Last Name	
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.		eligibility to p relief availab the debtor(s)	proceed under Chapter 7, 11 le under each chapter for w the notice required by 11 U	this petition, declare that I have informed the debtor(s) about 1, 12, or 13 of title 11, United States Code, and have explained the hich the person is eligible. I also certify that I have delivered to I.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, inquiry that the information in the schedules filed with the petition
			am H. Lively, Jr. of Attorney for Debtor	Date 01/09/2017 MM / DD / YYYY
			H. Lively, Jr.	
		Printed na William	ame H. Lively, Jr., P. C.	
		Firm Nam		
		Number	Street	
		Tyler		TX 75702
		City		State ZIP Code
		Contact p	ohone (903) 593-3001	Email address
		0078606	66	

State

Bar number

Fill in this inf	ormation to i	identify your case	:		
Debtor 1	Pamela	G.	Hawkins		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: <b>EASTERN DIS</b>	TRICT OF TEXAS		
Case number				, I	☐ Check if this is an
(if known)					amended filing
Official Form	106Sum				
Summary of	Your Ass	ets and Liabilit	ies and Certain S	Statistical Inform	nation

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$31,150.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$31,150.00
Р	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$26,786.65
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$3,854.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$123,568.00
	Your total liabilities	\$154,208.65
Р	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,539.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,025.00

Case 17-60016 Doc 1 Filed 01/09/17 Entered 01/09/17 13:04:02 Desc Main Document Page 10 of 53

Debt	or 1	Pamela First Name	<b>G.</b> Middle Name	Hawkins Last Name	Case number (if known)
Pa	rt 4	Answer Th	nese Questions fo	or Administrative and	Statistical Records
6.	Are	you filing for bank	ruptcy under Chapte	rs 7, 11, or 13?	
		No. You have not	hing to report on this pa	art of the form. Check this b	oox and submit this form to the court with your other schedules.
7.	Wha	t kind of debt do y	ou have?		
		•	•		ose "incurred by an individual primarily for a personal, g for statistical purposes. 28 U.S.C. § 159.
	V	Your debts are no		r debts. You have nothing t	o report on this part of the form. Check this box and submit
				ally Income: Copy your total of Line 11; <b>OR</b> , Form 122C-1	current monthly income from Line 14.
9.	Сор	y the following sp	ecial categories of cla	aims from Part 4, line 6 of	Schedule E/F:
					Total claim
	Fror	n Part 4 on Sched	<i>ule E/F</i> , copy the follo	owing:	
	9a.	Domestic support	obligations. (Copy line	e 6a.)	
	9b.	Taxes and certain	other debts you owe th	ne government. (Copy line 6	ib.)
	9c.	Claims for death o	r personal injury while	you were intoxicated. (Copy	/ line 6c.)
	9d.	Student loans. (Co	opy line 6f.)		
	9e.	Obligations arising priority claims. (Co		greement or divorce that you	did not report as
	9f.	Debts to pension of	or profit-sharing plans,	and other similar debts. (Co	ppy line 6h.) +
	90	Total Add lines	9a through 9f		

Fill in this info	ormation to i	dentify your case	e and this filing:		
Debtor 1	Pamela	G.	Hawkins		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court fo	r the: <b>EASTERN DI</b>	STRICT OF TEXAS		
Case number				☐ Check	if this is an
(if known)				<b>—</b>	led filing
Official Form	106A/B				
Schedule A/I	B: Property	y			12/15
filing together, both sheet to this form.	h are equally re On the top of a	sponsible for supply iny additional pages	Be as complete and accurate as ying correct information. If more , write your name and case number ing, Land, or Other Real Es	space is needed, attach a ber (if known). Answer eve	separate ry question.
1. Do you own o	r have any lega	l or equitable interes	st in any residence, building, land	d. or similar property?	
No. Go to		. or oquitable interes	or in any rootaonoo, banamy, tank	a, or ommar property :	
	ere is the proper	ty?			
2. Add the dollar	value of the po	ortion you own for al	l of your entries from Part 1, incl	uding any	**
entries for pag	ges you have at	tached for Part 1. W	rite that number here	→	\$0.00
Part 2: Des	cribe Your V	ehicles			
7 di ( 21	01100 1041 1	01110100			
-		-	in any vehicles, whether they are	_	•
you own that someo	ne else drives.	If you lease a vehicle	, also report it on Schedule G: Exe	cutory Contracts and Unexpi	red Leases.
3. Cars, vans, tru	ucks, tractors, s	sport utility vehicles,	motorcycles		
□ No					
☑ Yes					
3.1.		Who has	an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Make:	Kia	Check or	ne.	amount of any secured claim	
Model:	Sol		or 1 only	Creditors Who Have Claim	
Year:	2012		or 2 only or 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mileag	e:		ast one of the debtors and another		\$7,325.00
Other information:		_			· · · · · · · · · · · · · · · · · · ·
2012 Kia Sol			ck if this is community property instructions)		
3.2.		· · · · · · · · · · · · · · · · · · ·	an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Make:	Ford	Check or	ne.	amount of any secured claim	
Model:	Expedition		or 1 only	Creditors Who Have Claim	
Year:	2007		or 2 only or 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mileag	e: <b>107,000</b>		ast one of the debtors and another		\$10,450.00
Other information:		_		· ·	
2007 Ford Exped	lition (approx.	107000 I√ Che	ck if this is community property		

(see instructions)

miles)

Case 17-60016 Doc 1 Filed 01/09/17 Entered 01/09/17 13:04:02 Desc Main Document Page 12 of 53

Deb	tor 1	Pamela First Name	G. Middle Name	Hawkins Last Name	Case number (if known)	
4.		raft, aircraft, motor les: Boats, trailers, n	homes, ATVs and o	other recreational vehic	les, other vehicles, and accessories nowmobiles, motorcycle accessories	
5.				or all of your entries fro 2. Write that number he	m Part 2, including any re→	\$17,775.00
P	art 3:	Describe You	r Personal and I	Household Items	•	
Do	you owr	or have any legal o	or equitable interest	t in any of the following	items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		hold goods and furr les: Maior appliance	<b>nishings</b> s, furniture, linens, c	hina. kitchenware		
	□ No		ısehold goods & f			\$5,000.00
7.		les: Televisions and			oment; computers, printers, scanners; ameras, media players, games	
	✓ No	s. Describe				
8.				ints, or other artwork; boo	oks, pictures, or other art objects; emorabilia, collectibles	
	✓ No ☐ Yes	s. Describe				
9.					picycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe				
10.			notguns, ammunition	, and related equipment		
	✓ No Yes	s. Describe				
11.			s, furs, leather coats	, designer wear, shoes, a	accessories	
	☐ No ✓ Yes	s. Describe <b>clot</b>	hing			\$500.00
12.	<b>Jewelr</b> Examp		y, costume jewelry, e	engagement rings, weddii	ng rings, heirloom jewelry, watches, gems,	
	☐ No ✓ Yes	s. Describe <b>jew</b>	elry			\$3,500.00
13.		rm animals les: Dogs, cats, bird	s, horses			
	✓ No ☐ Yes	s. Describe				

Deb	tor 1	Pamela	G.	Hawkins	Case number (if known)	
		First Name	Middle Nar			
14.	Any oth	•	ousehold it	ems you did not already list, in	cluding any health aids you	
	<b>☑</b> No					
	_	s. Give specific				
			_			
15.				ries from Part 3, including any r here	entries for pages you have	\$9,000.00
P	art 4:	Describe You	r Financi	al Assets		
Do	you own	or have any legal	or equitable	e interest in any of the followin	g?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	les: Money you have petition	e in your wa	llet, in your home, in a safe depo	sit box, and on hand when you file your	
	□ No				Cash:	\$50.00
4-						Ψου.ου
17.	•	•	es, and other	-	of deposit; shares in credit unions, a multiple accounts with the same	
	□ No					
	✓ Yes	S	I	nstitution name:		
	17	7.1. Checking acco	ount:	Personal Checking - Bank o	f America	\$25.00
	17	.2. Checking acco	ount:	Business Checking - Capita	11	\$100.00
18.		, <b>mutual funds, or p</b> //es: Bond funds, inv	-	led stocks counts with brokerage firms, mon	ey market accounts	
	✓ No ☐ Yes	s	Institution	or issuer name:		
19.	-	iblicly traded stock rest in an LLC, part			rporated businesses, including	
	□ No	· •	• ′	•		
	✓ Yes	s. Give specific ormation about				
		m	Name of e	ntity:	% of ownership:	
			Angela's	Little Angels		\$2,000.00
20.	Negotia	able instruments incl	ude persona	d other negotiable and non-negal checks, cashiers' checks, promou cannot transfer to someone be	nissory notes, and money orders.	
	info	s. Give specific ormation about m	Issuer nam	ne:		
21.		nent or pension acc les: Interests in IRA profit-sharing pl	, ERISA, Ke	ogh, 401(k), 403(b), thrift saving	s accounts, or other pension or	
	_	s. List each	Гуре of acco	ount: Institution name:		

Case 17-60016 Doc 1 Filed 01/09/17 Entered 01/09/17 13:04:02 Desc Main Document Page 14 of 53

Deb	tor 1 Pamela	G.	Hawkins	Case number (if known)	
	First Name	Middle Name	Last Name		
22.		ed deposits you have	•	ue service or use from a company ic, gas, water), telecommunications	
	<b>☑</b> No				
	Yes		Institution name or individu	ıal:	
23.		t for a specific periodi	ic payment of money to you, e	ither for life or for a number of years)	
	✓ No  Yes	Issuer name ar	nd description:		
24	_			ram, or under a qualified state tuition pro	oarom
24.	26 U.S.C. §§ 530(b)(1			rain, or under a quaimed state tuttion pro	ogram.
	<b>☑</b> No				
	Yes	Institution nam	e and description. Separately	file the records of any interests. 11 U.S.C.	§ 521(c)
25.	powers exercisable t		operty (other than anything	listed in line 1), and rights or	
	✓ No  Yes. Give specifi	•			
	information about				
26.			ecrets, and other intellectual es, proceeds from royalties and		
	<b>☑</b> No				
	Yes. Give specifi information about				
27.	Licenses, franchises		_	holdings liquor licenses professional licen	
	✓ No	errins, exclusive licer	ises, cooperative association	holdings, liquor licenses, professional licens	505
	Yes. Give specifi	С			
	information about				
Mor	ney or property owed	to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to	you			
	<b>☑</b> No				
	Yes. Give specifi	c information		Federal	l: <b>\$0.00</b>
	about them, include you already filed to	-		State:	\$0.00
	and the tax years.				\$0.00
	•			Local:	\$0.00
29.	•	or lump sum alimony,	spousal support, child support	t, maintenance, divorce settlement, property	y settlement
	✓ No  Yes. Give specifi	c information		Alimony:	\$0.00
				Maintenance:	\$0.00
				Support:	\$0.00
				Divorce settlement:	
					•
				Property settlement	t: <b>\$0.00</b>
30.	Other amounts some	•	nce naumente, disability benef	ite eick nav vacation nav workers!	
	· · · · · · · · · · · · · · · · · · ·	•	penefits; unpaid loans you mad	its, sick pay, vacation pay, workers' de to someone else	
	☑ No				
	☐ Yes. Give specification	c information			

Case 17-60016 Doc 1 Filed 01/09/17 Entered 01/09/17 13:04:02 Desc Main Document Page 15 of 53

Deb	tor 1	Pamela	G.	Hawkins	Case number (if known)	
		First Name	Middle Name	Last Name		
31.		ts in insurance po les: Health, disabili		e; health savings account (H	SA); credit, homeowner's, or renter's insu	rance
	<b>☑</b> No					
	_	s. Name the insura				
		npany of each polic	•		Donafision v	Currender or refund value
		d list its value	, ,		Beneficiary:	Surrender or refund value:
32.	If you a		f a living trust, exp		rance policy, or are currently	
	✓ No ☐ Yes	s. Give specific info	ormation			
33.		•		ot you have filed a lawsuit of the insurance claims, or rights to	or made a demand for payment o sue	
	<b>☑</b> No					
	_	s. Describe each cl	laim			
34.		contingent and unl	iquidated claims	of every nature, including	counterclaims of the debtor and	
	₩ No					
		s. Describe each cl	laim			
35.	Any fin	ancial assets you	did not already li	st		
	<b>√</b> No					
	Yes	s. Give specific info	ormation			
36.				from Part 4, including any e	_	\$2,175.00
	attache	ed for Part 4. Write	e that number her	e	<b>.</b>	Ψ2,173.00
	attache	ed for Part 4. Write	that number her	·e	<b>フ</b>	Ψ2,173.00
Pa					or Have an Interest In. List an	
	art 5:	Describe Any I	Business-Rela		n or Have an Interest In. List an	
	art 5: Do you	Describe Any I	Business-Rela	ited Property You Owr	n or Have an Interest In. List an	
	Do you	Describe Any Lown or have any . Go to Part 6.	Business-Rela	ited Property You Owr	n or Have an Interest In. List an	
	Do you	Describe Any I	Business-Rela	ited Property You Owr	n or Have an Interest In. List an	
	Do you	Describe Any Lown or have any . Go to Part 6.	Business-Rela	ited Property You Owr	n or Have an Interest In. List an	y real estate in Part 1  Current value of the portion you own?
	Do you	Describe Any Lown or have any . Go to Part 6.	Business-Rela	ited Property You Owr	n or Have an Interest In. List an	y real estate in Part 1  Current value of the
37.	Do you No. Yes	Describe Any Lown or have any . Go to Part 6.	Business-Rela	e interest in any business-r	n or Have an Interest In. List an	Current value of the portion you own?  Do not deduct secured
37.	Do you No. Yes	Describe Any I own or have any . Go to Part 6. s. Go to line 38.	Business-Rela	e interest in any business-r	n or Have an Interest In. List an	Current value of the portion you own?  Do not deduct secured
37.	Do you No. Yes	Describe Any Lown or have any . Go to Part 6. s. Go to line 38.	Business-Rela	e interest in any business-r	n or Have an Interest In. List an	Current value of the portion you own?  Do not deduct secured
37.	Do you No. Yes	Describe Any I own or have any . Go to Part 6. s. Go to line 38.	Business-Rela	e interest in any business-r	n or Have an Interest In. List an	Current value of the portion you own?  Do not deduct secured
37. 38.	Do you No. Yes  Accoun No. Pes	Describe Any Lown or have any . Go to Part 6. s. Go to line 38.  hts receivable or comparison. cequipment, furnishles: Business-related	Business-Related legal or equitable ommissions you nings, and supplies	already earned es	n or Have an Interest In. List an	Current value of the portion you own?  Do not deduct secured
37. 38.	Do you No. Yes  Accoun No. Pes	Describe Any Lown or have any . Go to Part 6. s. Go to line 38.  hts receivable or comparison. cequipment, furnishles: Business-related	Business-Rela legal or equitable ommissions you nings, and suppliced computers, soft	already earned es	n or Have an Interest In. List an	Current value of the portion you own?  Do not deduct secured
37. 38.	Do you  No. Yes  Accoun  No. Coffice of Example	Describe Any Lown or have any . Go to Part 6. s. Go to line 38.  hts receivable or comparison. cequipment, furnishles: Business-related	Business-Rela legal or equitable ommissions you nings, and suppliced computers, soft	already earned es	n or Have an Interest In. List an	Current value of the portion you own?  Do not deduct secured
37. 38.	Do you No. Yes  Accoun No. Yes  Office of Example	Describe Any I	Business-Rela  legal or equitable  ommissions you  nings, and supplied computers, softelectronic devices	already earned es	elated property?	Current value of the portion you own?  Do not deduct secured
37. 38.	Do you No. Yes  Accoun No. Yes  Office of Example	Describe Any I	Business-Rela  legal or equitable  ommissions you  nings, and supplied computers, softelectronic devices	already earned es	elated property?	Current value of the portion you own?  Do not deduct secured
37. 38.	Do you No. Yes  Accoun No. Confice of Example Machin No.	Describe Any I	Business-Rela legal or equitable ommissions you nings, and supplied computers, softelectronic devices	already earned estates already estates already earned estates already estate	elated property?  iers, fax machines, rugs, telephones,	Current value of the portion you own? Do not deduct secured claims or exemptions.
37. 38.	Do you No. Yes  Accoun No. Confice of Example Machin No.	Describe Any In own or have any	es, chairs, TV, s	already earned estware, modems, printers, copyou use in business, and to	elated property?  iers, fax machines, rugs, telephones,  ools of your trade  or, cabinets, computers, telephone	Current value of the portion you own? Do not deduct secured claims or exemptions.
37. 38.	Do you No. Yes  Accoun No. Confice of Example Machin	Describe Any In own or have any	es, chairs, TV, s	already earned estates already estates already earned estates already estate	elated property?  iers, fax machines, rugs, telephones,  ools of your trade  or, cabinets, computers, telephone	Current value of the portion you own? Do not deduct secured claims or exemptions.
37. 38. 39.	Do you No. Yes  Accoun No. Confice of Example Machin	Describe Any I	es, chairs, TV, s	already earned estware, modems, printers, copyou use in business, and to	elated property?  iers, fax machines, rugs, telephones,  ools of your trade  or, cabinets, computers, telephone	Current value of the portion you own? Do not deduct secured claims or exemptions.
37. 38. 39.	Account No.  Account No.  Yes  Office of Example  Machin	Describe Any I	es, chairs, TV, s	already earned estware, modems, printers, copyou use in business, and to	elated property?  iers, fax machines, rugs, telephones,  ools of your trade  or, cabinets, computers, telephone	Current value of the portion you own? Do not deduct secured claims or exemptions.

Case 17-60016 Doc 1 Filed 01/09/17 Entered 01/09/17 13:04:02 Desc Main Document Page 16 of 53

Deb	tor 1	Pamela	G.	Hawkins	Case number (if known)	
10		First Name	Middle Name	Last Name		
42.		•	ips or joint ventures			
	✓ No		Name of entity:		% of ownership:	
43.	Custon	ner lists, mailir	ng lists, or other com	pilations		
	▼ No □ Yes			identifiable information (as	defined in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related	property you did not	already list		
	✓ No	s. Give specific	c information.			
45.				rom Part 5, including any e		\$2,000.00
Pa				nmercial Fishing-Rela n farmland, list it in Part	ted Property You Own or Have an I 1.	Interest In.
46.	Do you	own or have a	any legal or equitable	interest in any farm- or co	mmercial fishing-related property?	
	سنا	. Go to Part 7. s. Go to line 47	·.			
_					<b>p</b> D	Current value of the cortion you own? On not deduct secured claims or exemptions.
47.	Farm a Example		poultry, farm-raised fis	sh		
	✓ No				_	
48.	Crops-	-either growing	g or harvested			
	_	s. Give specific			-	
49.	Farm a	nd fishing equ	ipment, implements,	machinery, fixtures, and to	ols of trade	
	✓ No				_	
50.	Farm a	nd fishing sup	plies, chemicals, and	l feed		
	✓ No				_	
51.	Any far	rm- and commo	ercial fishing-related	property you did not alread	dy list	
	_	s. Give specific			-	
52.			of all of your entries f	rom Part 6, including any e		\$0.00

**Pamela** G. **Hawkins** Debtor 1 Case number (if known) Middle Name Last Name First Name Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ No Yes. Give specific information. \$200.00 storage building \$200.00 54. Add the dollar value of all of your entries from Part 7. Write that number here..... Part 8: List the Totals of Each Part of this Form \$0.00 55. Part 1: Total real estate, line 2..... 56. Part 2: Total vehicles, line 5 \$17,775.00 57. Part 3: Total personal and household items, line 15 \$9,000.00 58. Part 4: Total financial assets, line 36 \$2,175.00 59. Part 5: Total business-related property, line 45 \$2,000.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$200.00 Copy personal 62. Total personal property. Add lines 56 through 61...... \$31,150.00 \$31,150.00 property total 63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$31,150.00

	formation to i	dentify your	case:			
Debtor 1	Pamela	G.	Hawkins	•		
	First Name	Middle Name				
Debtor 2 (Spouse, if filing	First Name	Middle Name	e Last Name			
1 ' '		or the: <b>EASTERN</b>	N DISTRICT OF TE	EXAS	<b>s</b>	Charle if this is an
Case number (if known)						Check if this is an amended filing
Official Form	n 106C					
Schedule C	: The Prop	erty You Cl	aim as Exem	pt		04/16
Using the property	y you listed on Sc fill out and attach	hedule A/B: Prope to this page as m	erty (Official Form 10	6A/B)	) as your source, list the	esponsible for supplying correct information. e property that you claim as exempt. If more ssary. On the top of any additional pages,
is to state a spec exempted up to t receive certain be exemption of 100	sific dollar amour the amount of any enefits, and tax-e 0% of fair market	nt as exempt. All y applicable stat exempt retirement value under a la	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe	y claii xemp limite empti	m the full fair market votionssuch as those ed in dollar amount.	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount.
Part 1: Ide	entify the Pro	perty You Cla	im as Exempt			
1. Which set of	f exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.
	claiming state an		kruptcy exemptions.  J.S.C. § 522(b)(2)	11 U	.S.C. § 522(b)(3)	
				mnt	fill in the information l	helow
			•	•		
Brief description Schedule A/B that			Current value of the portion you own		ount of the emption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for th exemption	
Brief description:			\$10,450.00	_ <b>=</b>	\$0.00	11 U.S.C. § 522(d)(2)
•	edition (approx	. 107000	Ψ10,430.00		100% of fair market	11 0.0.0. 3 022(4)(2)
				_		
miles) Line from Schedu	le A/B: 3.2				value, up to any applicable statutory limit	
miles)	de A/B: 3.2		\$5,000.00		applicable statutory	11 U.S.C. § 522(d)(3)
miles) Line from Schedu	ds & furniture		\$5,000.00		applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 Pamela G. Hawkins Case number (if known) \_\_\_\_\_\_

Part 2: Additional Page					
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B		eck only one box for h exemption		
Brief description:	\$500.00	$\overline{\mathbf{A}}$	\$500.00	11 U.S.C. § 522(d)(3)	
clothing			100% of fair market		
Line from Schedule A/B:11			value, up to any applicable statutory limit		
Brief description:	\$3,500.00	V	\$1,600.00	11 U.S.C. § 522(d)(4)	
jewelry			100% of fair market		
(1st exemption claimed for this asset) Line from Schedule A/B: 12			value, up to any applicable statutory		
Life Hoff Schedule AVD12			limit		
Brief description:	\$3,500.00	$\overline{\mathbf{V}}$	\$1,900.00	11 U.S.C. § 522(d)(5)	
jewelry			100% of fair market		
(2nd exemption claimed for this asset) Line from Schedule A/B: 12			value, up to any applicable statutory		
Life Holli Schedule AVD			limit		
Brief description:	\$50.00	V	\$50.00	11 U.S.C. § 522(d)(5)	
Cash			100% of fair market		
Line from Schedule A/B:16			value, up to any applicable statutory limit		
Brief description:	\$25.00	$\overline{\mathbf{Q}}$	\$25.00	11 U.S.C. § 522(d)(5)	
Personal Checking - Bank of America			100% of fair market		
Line from Schedule A/B:17.1			value, up to any applicable statutory limit		
Brief description:	\$100.00	V	\$100.00	11 U.S.C. § 522(d)(5)	
Business Checking - Capital 1			100% of fair market value, up to any		
Line from Schedule A/B:			applicable statutory		
Brief description:	\$2,000.00	<b>V</b>	\$0.00	11 U.S.C. § 522(d)(5)	
Angela's Little Angels			100% of fair market		
Line from Schedule A/B:19			value, up to any applicable statutory limit		
Brief description:	\$2,000.00	V	\$2,000.00	11 U.S.C. § 522(d)(6)	
tables, chairs, TV, stove, freezer,			100% of fair market		
refrigerator, cabinets, computers, telephone, fax machine, copier, toys,			value, up to any applicable statutory		
bulletin boards, mats, baby beds			limit		
Line from Schedule A/B: 40					
Brief description:	\$200.00	<b>V</b>	\$200.00	11 U.S.C. § 522(d)(5)	
storage building			100% of fair market		
Line from Schedule A/B:53			value, up to any applicable statutory limit		

Fill in this info	ormation to	identify your case				
Debtor 1	Pamela	G.	Hawkins			
	First Name	Middle Name	Last Name			
Debtor 2	First Name	Middle Neme	Lost Nome			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for	or the: <b>EASTERN DIS</b>	TRICT OF TEXAS			
Case number						
(if known)					Check if this is amended filing	
O#: -: -! F	400D					5
Official Form						
Schedule D:	Creditors	Who Have Cla	ims Secured I	by Property		12/15
1. Do any credit  No. Chee Yes. Fill  Part 1: Lis  List all secure claim, list the coreditor has a	cors have claim ck this box and in all of the info the info the claims. If a creditor separate particular claim ible, list the claim	es, write your name and a secured by your properties that the form to the comment of the comment	perty? court with your other so one secured ore than one n Part 2. As	chedules. You have noth  Column A  Amount of claim  Do not deduct the value of collateral		
2.1		Describe the secures the	property that	\$2,000.00	\$2,000.00	
Adams Furniture	е		Ciaiii.			
Creditor's name 204 ENE Loop 3	23	——— Furniture				
Number Street	20					
		As of the dat	•	s: Check all that apply.		
Tyler	TX 75706	_				
City	State ZIP Cod		iicu			
Who owes the deb	ot? Check one.		n. Check all that appl	V.		
Debtor 1 only			• • • • • • • • • • • • • • • • • • • •	•	car loan)	
Debtor 2 only		_		as mortgage or secured	cai ioaii)	
Debtor 1 and D	ebtor 2 only	_	lien (such as tax lien, t lien from a lawsuit	medianics lien)		
	the debtors and	another $\Box$	cluding a right to offse	t)		
☐ Check if this c	laim relates	PMSI	Janie de ligite to olido	7		
to a communit						
Date debt was inc	urred	Last 4 digits	of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$2,000.00

Debtor 1	Pamela	G.	Hawkins	Case number (if	known)	
	First Name	Middle Nar	ne Last Name		,	
Part 1:	Additional I After listing a sequentially fi	ny entries on t	this page, number them ous page.	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2			Describe the property that secures the claim:	\$8,000.00	\$7,325.00	\$675.00
Drive Tim			2012 Kia Sol			
	7 323 Loop					
Number S	treet					
Debtor Debtor Debtor At leas: Check to a co	State Z the debt? Check 1 only	ly s and another	As of the date you file, the claim is:  Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, musure) Judgment lien from a lawsuit Other (including a right to offset) PMSI  Last 4 digits of account number	s mortgage or secured	car Ioan)	
	_		Describe the property that			
2.3			secures the claim:	\$500.00	\$2,000.00	\$86.65
Smith Co			Angela's Little Angels			
Creditor's nar	<sup>ne</sup> arger, et al		Angola o Little Angolo			
	treet					
2777 N. S	temmons Frwy,	Ste. 1000				
			As of the date you file, the claim is:	Check all that apply.		
			Contingent			
Dallas		5207	Unliquidated			
City		IP Code	Disputed			
Dalatan	the debt? Check	one.	$\label{eq:Nature of lien.} \textbf{ Check all that apply.}$			
☑ Debtor			☐ An agreement you made (such as	s mortgage or secured	car loan)	
Debtor	•	L.	Statutory lien (such as tax lien, me	echanic's lien)		
ш	1 and Debtor 2 on	-	Judgment lien from a lawsuit			
At leas	t one of the debtor	s and another	Other (including a right to offset)			
	if this claim relate mmunity debt	es	Non-Purchase Money			
Date debt v	was incurred		Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,500.00

Debtor 1	Pamela	G.	Hawkins	Case number (if	known)	
	First Name	Middle Nar	me Last Name			
Part 1:		_	this page, number them ous page.	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.4			Describe the property that secures the claim:	\$14,700.00	\$10,450.00	\$4,250.00
Creditor's nam	utomotive Fi ne mon Ave Sui reet		2005 Chrysler 300 mi=180k			
Debtor : Debtor : Debtor : Debtor : At least Check : to a cor	2 only 1 and Debtor 2	only otors and another	As of the date you file, the claim is  Contingent Unliquidated Disputed  Nature of lien. Check all that apply An agreement you made (such a Statutory lien (such as tax lien, n Judgment lien from a lawsuit  Other (including a right to offset) PMSI  Last 4 digits of account number  Describe the property that	as mortgage or secured nechanic's lien)	car loan)	
Tyler ISD Creditor's nam c/o Tab Be Number St PO Box 20	eall treet		secures the claim: Angela's Little Angels		\$2,000.00	
Tyler City Who owes Debtor Debtor At least Toheck	TX State the debt? Ch 1 only 2 only 1 and Debtor 2 one of the debt if this claim re mmunity debt	only otors and another	As of the date you file, the claim is  Contingent Unliquidated Disputed  Nature of lien. Check all that apply An agreement you made (such a Statutory lien (such as tax lien, n Judgment lien from a lawsuit Other (including a right to offset) Taxes	as mortgage or secured nechanic's lien)	car loan)	
Date debt v	vas incurred		Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$16,286.65

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$26,786.65

				1		
Fill in this inf	ormation to i	dentify your c	ase:			
Debtor 1	Pamela	G.	Hawkins			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	r the: <b>EASTERN</b>	DISTRICT OF TEXAS			
Case number				_	Object Make to	
(if known)					Check if this is a amended filing	an
Official Form	106E/F					
Schedule E/	F: Creditor	s Who Have	e Unsecured Claims			12/15
Do not include any If more space is no to this page. On t	y creditors with eeded, copy the he top of any ad	partially secured Part you need, fi ditional pages, w	and on Schedule G: Executory Co claims that are listed in Schedule II it out, number the entries in the rite your name and case number (secured Claims	D: Creditors Who Hoboxes on the left. At	old Claims Secur	ed by Property.
1. Do any credit	tors have priority	unsecured clair	ns against you?			
☐ No. Go t	o Part 2.					
☑ ✓ Yes.						
claim. For ear show both price more space is claim, list the	ch claim listed, id ority and nonprior s needed for priori other creditors in	entify what type of ity amounts. As n ty unsecured clair Part 3.	creditor has more than one priority uf claim it is. If a claim has both prior nuch as possible, list the claims in alms, fill out the Continuation Page of e instructions for this form in the inst	ity and nonpriority amo phabetical order acco Part 1. If more than o	ounts, list that clain	m here and or's name. If
2.1				\$138.00	\$138.00	\$0.00
Internal Revenu	o Sorvico			<u>Ψ136.00</u>	<b>\$130.00</b>	<b>\$0.00</b>
Priority Creditor's Nam			Last 4 digits of account number			
1100 Commerce Number Street	St		When was the debt incurred?			
Stop MC5024DA	<b>L</b>		As of the date you file, the claim	ic: Chack all that ann	lv	
			Contingent	is. Oneck all that app	ıy.	
 Dallas	TX	75242	Unliquidated			
City	State	ZIP Code	Disputed			
Who incurred the	debt? Check	one.	Type of PRIORITY unsecured cla	im:		
Debtor 1 only			Domestic support obligations			
Debtor 2 only	Johtor 2 only		Taxes and certain other debts		ent	
Debtor 1 and D  At least one of	the debtors and	another	Claims for death or personal in	ijury while you were		
_	claim is for a con		intoxicated  ☐ Other. Specify			
Is the claim subje						
<b>☑</b> No						
☐ Yes						

G. **Hawkins** Debtor 1 Pamela Case number (if known) Middle Name Last Name First Name Your PRIORITY Unsecured Claims -- Continuation Page Part 1: After listing any entries on this page, number them sequentially from the **Total claim Priority Nonpriority** previous page. amount amount 2.2 \$3,716.00 \$3,716.00 \$0.00 William H. Lively, Jr., P. C. Last 4 digits of account number Priority Creditor's Name 432 S. Bonner Ave. When was the debt incurred? 01/09/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Tyler TX 75702 Disputed City State ZIP Code Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only Claims for death or personal injury while you were At least one of the debtors and another intoxicated Check if this claim is for a community debt Other. Specify  $\overline{\mathbf{A}}$ Is the claim subject to offset? Attorney fees for this case ✓ No Yes

Yes

Debtor 1	Pamela	G.	Hawkins	Case number (if known)	
	First Name	Middle Name	Last Name		
	_				
Part 2:	List All of '	Your NONPRIORIT	Y Unsecured Claims		
0 0			1 -1-1		
	-	nonpriority unsecured			
ш.	_	ning to report in this part	. Submit this form to the co	ourt with you other schedules.	
<b>☑</b> Y	/es				
4. List a	ll of your nonprio	rity unsecured claims	in the alphabetical order	of the creditor who holds each claim.	
			•	r separately for each claim. For each claim lis	
				an one creditor holds a particular claim, list the se Continuation Page of Part 2.	e otner creditors in
i ait 3	i. Il lilote space is	needed for nonphonity	urisecureu ciairris, iiii out ti	e Continuation rage of rant 2.	
					Total claim
4.1					\$59,715.00
Aes/phea	ıa		Last 4 digits of accoun	t number 7 0 0 1	
_ '_ ' -	reditor's Name		When was the debt inc	urred? 10/2015	
Po Box 6	Street		As of the date you file,	the claim is: Check all that apply.	
			_ Contingent		
			Unliquidated		
Harrisbur	ra I	PA 17106	_ ☐ Disputed		
City	<u> </u>	State ZIP Code	Type of NONPRIORITY	unsecured claim:	
		Check one.	☐ Student loans		
✓ Debtor Debtor	.*		Obligations arising of	out of a separation agreement or divorce	
ш	· 1 and Debtor 2 or	nlv	that you did not repo		
ш.	st one of the debto		<b>=</b> ~ ~	profit-sharing plans, and other similar debts	
_	if this claim is fo	r a community debt	Other. Specify  Educational		
	m subject to offse		Laudational		
<b>☑</b> No	•				
Yes					
4.0					
4.2					\$1.00
Amca Nonpriority C	Creditor's Name		_ Last 4 digits of accoun	t number <u>2 8 8 0</u>	
2269 S Sa			When was the debt inc	urred?	
Number	Street		As of the date you file,	the claim is: Check all that apply.	
			_ Contingent		
			Unliquidated Disputed		
Elmsford		NY 10523			
City Who incur		State ZIP Code Check one.	Type of NONPRIORITY	unsecured claim:	
✓ Debtor		SHECK OHE.	Student loans		
Debtor	,			out of a separation agreement or divorce	
Debtor	1 and Debtor 2 or		that you did not repo	profit-sharing plans, and other similar debts	
☐ At leas	st one of the debto		Other. Specify	promotion of the promot	
Check	if this claim is fo	r a community debt	Unknown Loan T	уре	
Is the clair	m subject to offse	et?			
<b>☑</b> No					
☐ Yes					

Debtor 1 Pamela G. Hawkins Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$22.335.00 **Bridgecrest Credit** Last 4 digits of account number 1 <u>5</u> <u>0</u> <u>1</u> Nonpriority Creditor's Name When was the debt incurred? 10/2014 7300 E Hampton Ave Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed ΑZ 85209 Mesa ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Deficiency Balance** Is the claim subject to offset? **☑** No Yes П \$1.00 Last 4 digits of account number **Diversified Credit Sys** 8 6 8 7 Nonpriority Creditor's Name When was the debt incurred? 05/2016 706 Glencrest Lnste A Street As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed TX 75601 Longview City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Collection Attorney Is the claim subject to offset? **☑** No ☐ Yes 4.5 \$1.00 **Diversified Credit Sys** Last 4 digits of account number 8 6 8 9 Nonpriority Creditor's Name When was the debt incurred? 05/2016 706 Glencrest Lnste A As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Longview TX 75601 City State 7IP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\mathbf{\Lambda}$ Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? No Yes

Debtor 1 Pamela G. Hawkins Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.6 \$1.00 **Diversified Credit Sys** Last 4 digits of account number 8 <u>6</u> <u>8</u> <u>8</u> Nonpriority Creditor's Name When was the debt incurred? 05/2016 706 Glencrest Lnste A As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Longview TX 75601 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No Yes П \$41,006.00 Last 4 digits of account number Fed Loan Serv 0 0 0 2 Nonpriority Creditor's Name When was the debt incurred? 06/2014 Po Box 60610 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Harrisburg PA 17106 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Educational** Is the claim subject to offset? **☑** No ☐ Yes 4.8 \$1.00 **Financial Control Serv** Last 4 digits of account number 0 6 7 2 Nonpriority Creditor's Name When was the debt incurred? 02/2014 200 N New Rd As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Waco TX 76710 City State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\mathbf{\Lambda}$ Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? No Yes

Debtor 1 Pamela G. Hawkins Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$1.00 C System Inc Last 4 digits of account number 9 0 0 1 Nonpriority Creditor's Name When was the debt incurred? 10/2013 Po Box 64378 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Saint Paul MN 55164 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No Yes П 4.10 \$1.00 Last 4 digits of account number Lvnv Funding Llc 9 Nonpriority Creditor's Name When was the debt incurred? 07/2016 Po Box 10497 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Greenville SC 29603 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Factoring Company Account** Is the claim subject to offset? **☑** No ☐ Yes 4.11 \$1.00 Medicredit Last 4 digits of account number 0 5 5 0 Nonpriority Creditor's Name When was the debt incurred? Po Box 1629 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Maryland Heights** MO 63043 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\mathbf{\Lambda}$ Check if this claim is for a community debt **Unknown Loan Type** Is the claim subject to offset? No Yes

Debtor 1 Pamela G. Hawkins Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$1.00 **Optimum Outcomes Inc** Last 4 digits of account number 7 3 4 7 Nonpriority Creditor's Name When was the debt incurred? 12/2014 2651 Warrenville Road As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed **Downers Grove** IL 60515 State ZIP Code City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No Yes П 4.13 \$1.00 Last 4 digits of account number Rs Clark And Associate 1 4 6 Nonpriority Creditor's Name When was the debt incurred? 02/2014 12990 Pandora Dr Ste 150 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Dallas** TX 75238 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Collection Attorney Is the claim subject to offset? **☑** No ☐ Yes 4.14 \$500.00 Sears Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 6283 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed 57117-6282 Sioux Falls SD 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\mathbf{\Lambda}$ Check if this claim is for a community debt **Credit Account** Is the claim subject to offset? No Yes

G. Debtor 1 Pamela Hawkins Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.15 \$1.00 **Security Credit Servic** Last 4 digits of account number 2 8 4 Nonpriority Creditor's Name When was the debt incurred? 12/2015 2653 W Oxford Loop As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Oxford MS 38655 State ZIP Code City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No Yes П 4.16 \$1.00 Last 4 digits of account number Verichek 6 2 X 1 Nonpriority Creditor's Name When was the debt incurred? 12/2015 777 Chestnut St As of the date you file, the claim is: Check all that apply. Number Street ☐ Contingent Unliquidated Disputed **Abilene** TX 79602 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Returned Check** Is the claim subject to offset? No Yes 

Debtor 1 Pamela G. Hawkins Case number (if known) \_\_\_\_\_\_\_

# Part 3: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

<b>Excel Finance C</b>	o		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims						
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims						
			Last 4 digits of account number 5 4 0 1						
City	State	ZIP Code							
Safeaufintx			On which entry in Part 1 or Part 2 did you list the original creditor?						
Name 3915 Lemmon A	venue		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims						
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims						
			Last 4 digits of account number 7 5 8 1						
Dallas City	TX State	<b>75219</b> ZIP Code							
Social Security	Administration		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name 1100 Commerce	Street, Suite 5	573	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims						
Number Street	,		Part 2: Creditors with Nonpriority Unsecured Claims						
			—— Last 4 digits of account number						
Dallas	TX	<b>75242</b> ZIP Code	<u> </u>						
City	State	ZIP Code							
Texas Workforc	e Commision		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name 101 E. 15th Stree	et. Room 556		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims						
Number Street	<u> </u>		Part 2: Creditors with Nonpriority Unsecured Claims						
			—— Last 4 digits of account number						
Austin City	TX State	<b>78778</b> ZIP Code	<u> </u>						
Oity	State	211 COUE							

 Debtor 1
 Pamela First Name
 G.
 Hawkins Last Name
 Case number (if known)

# Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$138.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>-</b>	\$3,716.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$3,854.00
				Total claim
Total claims from Part 2	6f.	Sf. Student loans		\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<sup>6i.</sup> <b>⊀</b>	\$123,568.00
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$123,568.00

Fill in this inf	ormation to ide			
Debtor 1	Pamela First Name	<b>G.</b> Middle Name	Hawkins Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for th			
Case number (if known)				Check if this is an amended filing

## Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this inf	ormation to i								
Debtor 1	Pamela First Name	<b>G.</b> Middle Name	Hawkins Last Name	-					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-					
United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS									
Case number (if known)					Check if this amended fili				

# Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do <i>y</i>	<b>/ou h</b> No Yes	ave any codebtors?	(If you are filing a	joint case, do	o not list either sp	oouse a	as a codebtor.)
2.		ide A No.	• •	o, Louisiana, Nevad	da, New Mexi	co, Puerto Rico,	Texas	(Community property states and territories, Washington, and Wisconsin.)
			In which community state or territory did y  Howard Hawkins  Name of your spouse, former spouse, or legal ed  Number Street			Texas	_ Fill i	in the name and current address of that person.
			Whitehouse		TX	75791		
			City		State	ZIP Code		

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this inforr	nation to identify							
Debtor 1 Pamela First Name		<b>G.</b> Middle Name	Hawkins Last Name	Ch	eck if this is:			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	An amended filing			
United States Bank	cruptcy Court for the:	EASTERN DISTRICT OF TEXAS			A supplement showing postpetition chapter 13 income as of the following date			
Case number (if known)					MM / DD / YYYY			
O(() = ! = 1   F = 4/	001							

#### Official Form 106I

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

۱.	Fill in your employment information.		Debto	r 1			Del	btor 2 or non-filin	g spou	se
	If you have more than one job, attach a separate page with information about	Employment status	<ul><li>✓ Employed</li><li>☐ Not employed</li></ul>				<ul><li>☐ Employed</li><li>✓ Not employed</li></ul>			
	additional employers.	Occupation	Child	Care						
	Include part-time, seasonal, or self-employed work.	Employer's name	Ange	la's Little An	gels					
	Occupation may include student or homemaker, if it applies.	Employer's address		West Erwin r Street			Nun	nber Street		
			Tyler City		TX State	<b>75702</b> Zip Code	- City		State	Zip Code
		How long employed ti	•	12 years		,	,			,

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Deptor 1	non-filing spouse		
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$0.00	\$0.00		
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00		
4.	Calculate gross income. Add line 2 + line 3.	4.	\$0.00	\$0.00		

Debtor '		Pamela	G.	Case number (if known)							
		First Name	Middle Name	Last Name							
					l	For Debtor 1	For Debto				
					•		non-filing		_		
		-			4.	\$0.00		<u>\$0.00</u>			
5.		all payroll ded						•			
			e, and Social Security de		5a.	\$0.00		\$0.00			
		-	ontributions for retiremen	•	5b.	\$0.00		\$0.00			
		•	ntributions for retirement	•	5c.	\$0.00		\$0.00			
			ayments of retirement fur	nd loans	5d.	\$0.00		\$0.00			
	5e.	Insurance			5e.	\$0.00		\$0.00			
	5f.		pport obligations		5f.	\$0.00		\$0.00			
	5g.	Union dues			5g.	\$0.00		\$0.00			
	5h.	Other deduct Specify:	ions.		5h. <b>+</b>	\$0.00	;	\$0.00			
6.	<b>Add</b> 5g +	the payroll de	eductions. Add lines 5a	+ 5b + 5c + 5d + 5e + 5f +	6.	\$0.00	;	\$0.00			
7.	-		onthly take-home pay.	Subtract line 6 from line 4.	7.	\$0.00		\$0.00			
8.			me regularly received:				<u></u>	<del></del>			
٥.			rom rental property and f	rom operating a	8a.	\$2,500.00		\$0.00			
	oa.		ofession, or farm	rom operating a	oa.	φ2,500.00	<u> </u>	<del>\$0.00</del>			
		gross receipts	ment for each property and s, ordinary and necessary b hly net income.	S S							
	0h	Interest and o	dividande		8b.	00.00		ድብ ብብ			
			ort payments that you, a r	on-filing enquee, or a	8c.	\$0.00 \$600.00		<u>\$0.00</u> \$0.00			
	oc.	dependent re	gularly receive		ос.	<u> </u>		<u>\$0.00</u>			
			ny, spousal support, child s ment, and property settlem								
	8d.	Unemployme	ent compensation		8d.	\$0.00		\$0.00			
	8e.	Social Securi	ity		8e.	\$89.00	;	\$0.00			
	8f.	Other govern	ment assistance that you	ı regularly receive							
		cash assistan	assistance and the value (i ce that you receive, such a er the Supplemental Nutrition bsidies.	as food stamps							
		Specify:			8f.	\$0.00	:	\$0.00			
	8g.	Pension or re	etirement income		- 8g.	\$0.00		\$0.00			
	8h.	Other monthl			_						
		Specify: tax	refunds		_ <sup>8h.</sup> +	\$350.00		\$0.00			
9.	Add	all other inco	<b>me.</b> Add lines 8a + 8b + 8	sc + 8d + 8e + 8f + 8g + 8h.	9.	\$3,539.00		\$0.00	_		
10.			vincome. Add line 7 + line ine 10 for Debtor 1 and De	e 9. btor 2 or non-filing spouse.	10.	\$3,539.00	+	\$0.00	=	\$3,53	9.00
11.	Inclu		ns from an unmarried partn	expenses that you list in S er, members of your househ			r roommates	, and oth	ıer		
	Do r	not include any	amounts already included	in lines 2-10 or amounts tha	at are no	ot available to pay e	expenses list	ed in Scł	nedu	le J.	
	Spe	cify:						11.	+	\$	0.00
12.	Add	the amount ir	n the last column of line 1	0 to the amount in line 11.	The re	sult is the combine	d monthly	12.	Γ	\$3,53	9.00
	inco	me. Write that		of Your Assets and Liabilities					Ļ	ombined	<u> </u>
	ıt it a	applies.							_	ombined nonthly in	come
13.	Doy	ou expect an	increase or decrease wit	hin the year after you file t	his for	m?					
	$\checkmark$	No.	None.								
		Yes. Explain:									

Debtor 1 Pamela	G.	Hawkins	Case number (if known)	
First Name	Middle Name	Last Name		_
8a. Attached Statement (D	ebtor 1)			
		Angela's Little Ang	els	
<b>Gross Monthly Income</b>	:			\$25,000.00
Expense		Category	<u>Amount</u>	
Rent			\$1,750.00	
Insurance			\$250.00	
Wages			\$15,500.00	
Utilities			\$1,500.00	
Groceries			\$3,500.00	
Total Monthly Expense	s			\$22,500.00
Net Monthly Income:				\$2,500.00

F	ill in this inform	nation to iden	tify your case:			Cha	ole if this	· io.	
	Debtor 1	Pamela	G.	Hawk	rins	l	ck if this	s is: ended filing	
	Debtor 1	First Name	Middle Name	Last Na		$\  \ $	A supp	lement showing r 13 expenses a	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame			ng date:	is of the
	United States Bankr	ruptcy Court for th	e: <b>EASTERN DIS</b>	TRICT OF	TEXAS		MM / D	DD / YYYY	
ı	Case number (if known)								
Of	ficial Form 10	)6J				-			
Sc	hedule J: Yo	our Expens	es						12/15
cor nar	rect information. If	f more space is	ble. If two married p needed, attach anoth nswer every question sehold	er sheet to					
1.	Is this a joint cas	e?							
2.	No	Debtor 2 live in a s. Debtor 2 must endents?		-2, Expense	Dependent's relati	onshi		2.  Dependent's age	Does dependent live with you?
	Debtor 2.		for each dependent		son			12	□ No
	Do not state the de names.	ependents'							-
3.	Do your expense expenses of peopyourself and your	ole other than	✓ No □ Yes						No Yes
Р	art 2: Estima	ate Your Ong	oing Monthly Exp	enses					
to r		of a date after t	nkruptcy filing date une bankruptcy is filed	-	-			-	
			sh government assis on Schedule I: Your I					Your expens	ses
4.			penses for your resided					4.	\$800.00
	If not included in	line 4:							
	4a. Real estate ta	axes						4a	
	4b. Property, hon	neowner's, or ren	ter's insurance					4b	
	4c. Home mainte	enance, repair, an	d upkeep expenses					4c	
	4d. Homeowner's	s association or c	ondominium dues					4d.	

Debtor 1 Pamela G. Hawkins Case number (if known) \_\_\_\_\_\_

	Your expenses	
5. Additional mortgage payments for your residence, such as home equity loans	5.	
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	
6b. Water, sewer, garbage collection	6b.	
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	
6d. Other. Specify:	6d.	
7. Food and housekeeping supplies	7. \$300	.00
8. Childcare and children's education costs	8.	
9. Clothing, laundry, and dry cleaning	9. <b>\$150</b>	.00
10. Personal care products and services	10. <b>\$200</b>	.00
11. Medical and dental expenses	11. <b>\$150</b>	.00
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. <b>\$350</b>	.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14. Charitable contributions and religious donations	14.	
15. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. <b>\$400</b>	.00
15b. Health insurance	15b	
15c. Vehicle insurance	15c. <b>\$375</b>	.00
15d. Other insurance. Specify:	15d	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	
17b. Car payments for Vehicle 2	17b.	
17c. Other. Specify:	17c.	
17d. Other. Specify:	17d.	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19. Other payments you make to support others who do not live with you.  Specify:	19.	

Deb	tor 1	Pamela	G.	Hawkins	Case number (if know	vn)
		First Name	Middle Name	Last Name		
20.		er real property e edule I: Your Inc		lines 4 or 5 of this form or	on	
	20a.	Mortgages on	other property		20a.	
	20b.	Real estate tax	es		20b.	
	20c.	Property, home	eowner's, or renter's insura	nce	20c.	
	20d.	Maintenance, r	epair, and upkeep expens	es	20d.	
	20e.	Homeowner's	association or condominiu	m dues	20e.	
21.	Othe	er. Specify: <u>co</u>	ntribution to dad		21.	+\$300.00
22.	Calc	ulate your mont	hly expenses.			
	22a.	Add lines 4 thre	ough 21.		22a.	\$3,025.00
	22b.	Copy line 22 (r	nonthly expenses for Debt	or 2), if any, from Official For	m 106J-2. 22b.	
	22c.	Add line 22a a	nd 22b. The result is your	monthly expenses.	22c.	\$3,025.00
23.	Calc	ulate your mont	hly net income.			
	23a.	Copy line 12 (y	our combined monthly inc	ome) from Schedule I.	23a.	\$3,539.00
	23b.	Copy your mor	nthly expenses from line 22	2c above.	23b.	\$3,025.00
	23c.		monthly expenses from you our monthly net income.	ur monthly income.	23c.	\$514.00
24.	Do y	ou expect an in-	crease or decrease in yo	ur expenses within the year	r after you file this form?	
				your car loan within the year modification to the terms of year	or do you expect your mortgage our mortgage?	
	$\overline{\mathbf{V}}$	No.				
		Yes. Explain he <b>None.</b>	re:			

Fill in this info	Fill in this information to identify your case:					
Debtor 1	Pamela First Name	G. Middle Name	Hawkins Last Name			
	Filst Name	Middle Name	Lastiname			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ban	nkruntov Court fo	or the: <b>EASTERN DIS</b>	TRICT OF TEXAS			
Case number	intraptoy Court to	LAGILIAN DIO	THO TO TEXAS			
Case number						

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who i	is NOT an attorney to help you fill out bankruptcy forms?
<b>☑</b> No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).
Under penalty of perjury I declare that I have	ve read the summary and schedules filed with this declaration and that they are
true and correct.	
X /s/ Pamela G. Hawkins	x
Pamela G. Hawkins, Debtor 1	Signature of Debtor 2
Date 01/09/2017	Date
MM / DD / YYYY	MM / DD / YYYY

					_		
Filli	in this inf	ormation to ide	entify your case:				
Debto	or 1	Pamela First Name	<b>G.</b> Middle Name	Hawkins Last Name	-]		
Debto (Spor	or 2 use, if filing)	First Name	Middle Name	Last Name	-		
Unite	d States Bar	nkruptcy Court for th	ne: <b>EASTERN DIS</b>	TRICT OF TEXAS	_		
Case (if kn	number own)					Check if this is an amended filing	
Offic	ial Form	107					
State	ement o	 f Financial <i>A</i>	Affairs for Ind	ividuals Filing for I	Bankruptcy		04/16
	ame and ca	se number (if knov	wn). Answer every	separate sheet to this form. question. tatus and Where You L			
1. W ☑ □	Married	current marital sta	ntus?				
2. D	No No		•	ther than where you live not ears. Do not include where yo			
(0	Community p		•	use or legal equivalent in a zona, California, Idaho, Louis		•	
□ <b>∑</b>	] No ] Yes. Mak	e sure you fill out S	Schedule H: Your Co	debtors (Official Form 106H).			

1 Pamela	G.	Hawkins	Case nur	mber (if known)	
First Name	Middle Name	Last Name			
2: Explain	the Sources of Y	our Income			
I in the total amo	unt of income you rece	ived from all jobs and all bus	inesses, including par	t-time activities.	endar years?
No Yes. Fill in the	details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
-	-	Wages, commissions, bonuses, tips	\$2,500.00	Wages, commissions, bonuses, tips	
·	. ,	✓ Operating a business		Operating a business	
last calendar y	ear:	☐ Wages, commissions,	\$30,000.00	Wages, commissions,	
y 1 to December	31, <u><b>2016</b></u> )	Operating a business		Operating a business	
calendar year k	pefore that:	☐ Wages, commissions,	\$30,000.00	Wages, commissions,	
y 1 to December	31, <u><b>2015</b></u> )	Operating a business		Operating a business	
clude income reg employment; and	ardless of whether that d other public benefit pa	income is taxable. Example ayments; pensions; rental inc	es of other income are come; interest; dividen	ds; money collected from lav	vsuits; royalties;
st each source ar	nd the gross income fro	m each source separately. I	Do not include income	that you listed in line 4.	
No Yes. Fill in the	details.				
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
anuary 1 of the	current year until	Social Security	\$89.00		
		Child Support	\$600.00 		
last calendar y	ear:	Social Security	\$800.00		
•		Child Support	\$7,200.00 —		
calendar vear b	pefore that:	Social Security	\$800.00		
•		Child Support	\$7,200.00		
	Explair d you have any I in the total amo you are filling a jo No Yes. Fill in the e you filed for be last calendar year be you receive are clude income reg employment; and d gambling and I betor 1. It each source are No Yes. Fill in the anuary 1 of the e you filed for be last calendar year betor 1. It each source are No Yes. Fill in the last calendar year you filed for be last calendar year you filed for be last calendar year you filed for be calendar year because of the complete of the complete of the calendar year you filed for be calendar year because of the complete of the calendar year you filed for be calendar year because of the complete of the calendar year you filed for be calendar year because of the calendar year you filed for because	Explain the Sources of Yeld you have any income from employing in the total amount of income you receive are filing a joint case and you have a you are filing a joint case and you have a you are filing a joint case and you have a you are filing a joint case and you have a you are filing a joint case and you have a you green and you have a you green and you have a you filed for bankruptcy:  I last calendar year:  I to December 31, 2016   YYYYY    I to December 31, 2015   YYYYY    I to December 31, 2015   YYYYY    I to an you receive any other income during the green and the gross income from the property of the current year until the each source and the gross income from the you filed for bankruptcy:  I ast calendar year:  I to December 31, 2016   YYYYY    I to December 31, 2016   YYYYY    Calendar year before that:  I to December 31, 2015   YYYYY    Calendar year before that:  I to December 31, 2015   YYYYY    Calendar year before that:  I to December 31, 2015   YYYYY    Calendar year before that:  I to December 31, 2015   YYYYY    Calendar year before that:	Explain the Sources of Your Income  dyou have any income from employment or from operating a but in the total amount of income you received from all jobs and all bus you are filling a joint case and you have income that you receive togethat you are filling a joint case and you have income that you receive togethat you are filling a joint case and you have income that you receive togethat you are filling a joint case and you have income that you receive togethat you are filling a joint case and you have income that you receive togethat you filed for bankruptcy:    Debtor 1	Explain the Sources of Your Income  d you have any income from employment or from operating a business during this yet in the total amount of income you received from all jobs and all businesses, including par you are filling a joint case and you have income that you receive together, list it only once use you are filling a joint case and you have income that you receive together, list it only once use you are filling a joint case and you have income that you receive together, list it only once use you are filling a joint case and you have income that you receive together, list it only once use you are filling a joint case and you have income that you receive together, list it only once use you are filling a joint case and you have income (before deductions and exclusions)  Debtor 1  Sources of income (before deductions and exclusions)  Poperating a business  Last calendar year:  Wages, commissions, bonuses, tips  Operating a business  d you receive any other income during this year or the two previous calendar years? you want to the public benefit payments; pensions; rental income; interest; dividen d gambling and lottery winnings. If you are in a joint case and you have income that you related to the from each source separately. Do not include income are employment; and other public benefit payments; pensions; rental income; interest; dividen d gambling and lottery winnings. If you are in a joint case and you have income that you related for bankruptcy:  Debtor 1  Sources of income Gross income from each source separately. Do not include income and exclusions and exclusions  anuary 1 of the current year until e you filed for bankruptcy:  Social Security \$89.00  Child Support \$50.00  S7,200.00  Child Support \$7,200.00  S7,200.00	Explain the Sources of Your Income   Last Name   Las

Debto	or 1	Pamela	G.		Hawkins		Case number (if know	wn)
		First Name	Mic	ldle Name	Last Name			
Po	rt 3:	List Co	rtain Dave	onto Vou Ma	do Boforo \	You Filed for Ba	nkruntov	
Га	ı.	LIST CE	italli Payli	ents fou wie	ide Belore	Tou Fileu for Ba	пктирісу	
6.	Are eith	ner Debtor 1	I's or Debtor	2's debts prima	arily consume	r debts?		
	☑ No.			-	-	imer debts. Consum nily, or household pu		d in 11 U.S.C. § 101(8) as
		During th	ne 90 days be	fore you filed for	bankruptcy, di	d you pay any credite	or a total of \$6,425*	or more?
		□ No. 0	Go to line 7.					
		✓ Yes.	total amount	you paid that cre	editor. Do not i	total of \$6,425* or m nclude payments for ude payments to an a	domestic support of	oligations, such as
		* Subject	t to adjustmer	nt on 4/01/19 and	d every 3 years	after that for cases t	filed on or after the o	late of adjustment.
	☐ Yes	. Debtor 1	or Debtor 2	or both have p	imarily consu	mer debts.		
		During th	ne 90 days be	fore you filed for	bankruptcy, di	d you pay any credite	or a total of \$600 or	more?
		□ No. 0	Go to line 7.					
		☐ Yes.	creditor. Do	not include payr	nents for dome	total of \$600 or more stic support obligatio y for this bankruptcy	ns, such as child su	
					Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Stan	ley Au	tomotive I	Finance		last 90	\$1,500.00	\$14,700.00	☐ Mortgage
	or's name				_ days			Car
3915 Numb		non Ave S	uite 303		_			Credit card
Nullib	ei Sile	361						Loan repayment
					_			☐ Suppliers or vendors
Dalla	as		TX	75219	_			Other
City			State	ZIP Code				
(	<i>Insiders</i> corporat agent, ir	include you tions of which ncluding one	ur relatives; a ch you are an	ny general partn officer, director, ss you operate a	ers; relatives o person in cont	f any general partner rol, or owner of 20%	s; partnerships of whor more of their voting	e who was an insider?  nich you are a general partner;  ng securities; and any managing  s for domestic support obligations
	☑ No □ Yes	. List all pa	yments to an	insider.				

Case 17-60016 Doc 1 Filed 01/09/17 Entered 01/09/17 13:04:02 Desc Main Document Page 45 of 53

Deb	tor 1	Pamela	G.		Hawkins	Case number (if known)				
		First Name	Middle	Name	Last Name					
8.		1 year before yo ted an insider?	ou filed for	bankruptcy,	did you make any payme	nts or transfer any property on ac	ccount of a debt that			
	Include	payments on de	bts guarant	eed or cosign	ed by an insider.					
	<b>⋈</b> No									
		s. List all payme	nts that ben	efited an insi	der.					
D	art 4:	Identify Lo	aal Actio	ne Panae	sessions, and Forecl	ocuroc				
		_		-	·					
9.						awsuit, court action, or administra divorces, collection suits, paternity a				
		ations, and contr	• .		,, ·	,				
	<b>⋈</b> No									
	كا	s. Fill in the deta	ils.							
10.	— Within	⊔ Vithin 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached,								
	seized	seized, or levied?								
	Check	Check all that apply and fill in the details below.								
	□ No	. Go to line 11.								
	✓ Ye	s. Fill in the infor	mation belo	W.						
					Describe the property	Date	Value of the property			
		utomotive Fina	nce		2007 Ford Expeditio	n1/5/	17 \$10,250.00			
	itor's Nam									
391 Num		mon Ave Suite reet	303		Explain what happene	d				
					Property was repos	sessed.				
					Property was forecl					
Dal City	las		TX State	<b>75219</b> ZIP Code	<ul><li>Property was garnis</li><li>Property was attach</li></ul>	sned. ned, seized, or levied.				
•					_					
11.		-			ر, did any creditor, includi e a payment because you	ing a bank or financial institution, Lowed a debt?	, set off any			
					pay					
	✓ No ☐ Yes	s. Fill in the deta	ils.							
12.					was any of your property dian, or another official?	in the possession of an assigned	e for the benefit of			
		•		,						
	✓ No									

Deb	otor 1	Pamela First Name	<b>G.</b> Middle Name	Hawkins Last Name	Case number (if I	known)	
В	art 5:	•	in Gifts and Co				
13.		2 years before y	you filed for bankr	uptcy, did you give any gifts	s with a total value of more	than \$600 per perso	on?
	✓ No ☐ Yes	s. Fill in the deta	ails for each gift.				
14.		2 years before y charity?	you filed for bankr	uptcy, did you give any gifts	or contributions with a to	tal value of more tha	an \$600
	✓ No ☐ Yes	s. Fill in the deta	ails for each gift or o	contribution.			
P	art 6:	List Certai	in Losses				
15.		1 year before ye isaster, or gam		ptcy or since you filed for b	ankruptcy, did you lose an	ything because of th	neft, fire,
	✓ No ☐ Yes	s. Fill in the deta	ails.				
P	art 7:	List Certai	in Payments or	Transfers			
16.				ptcy, did you or anyone else		or transfer any pro	perty to
	-	-	_	nkruptcy or preparing a ban preparers, or credit counseling		red for your bankrupt	CV.
	□ No				, ,	, ,	,
	✓ Yes	s. Fill in the deta	ails.				
			_	Description and value of a	any property transferred	Date payment or transfer was	Amount of payment
	liam H. on Who W	Lively, Jr., P. / /as Paid	С.	_		made	payment
432 Num		ner Ave.		_		01/09/2017	\$284.00
Nun	ibei Sii	eet					
		<b>-</b>	·	_			
City	er	T.	X 75702 tate ZIP Code	_			
Ema	il or websit	te address		_			
Pers	on Who M	lade the Payment, i	if Not You	_			
17.				ıptcy, did you or anyone else			perty to
				with your creditors or to mal t you listed on line 16.	ce payments to your credite	ors?	
	₩ No	and any payr		- ,			
	ب	s. Fill in the deta	ails.				

Case 17-60016 Doc 1 Filed 01/09/17 Entered 01/09/17 13:04:02 Desc Main Document Page 47 of 53

Deb	tor 1	Pamela	G.	Hawkins	Case number (if known)
		First Name	Middle Name	Last Name	
18.				otcy, did you sell, trade, o e of your business or fina	r otherwise transfer any property to anyone, other than ncial affairs?
		-		made as security (such as executive already listed on this sta	granting of a security interest or mortgage on your property). atement.
	✓ No ☐ Yes	. Fill in the detail	s.		
19.				uptcy, did you transfer and called asset-protection devi	y property to a self-settled trust or similar device of which
	√ No	. Fill in the detail	•	,	
Pa	art 8:	List Certain	Financial Acco	ounts, Instruments, S	afe Deposit Boxes, and Storage Units
20.			u filed for bankrupt oved, or transferre	•	counts or instruments held in your name, or for your
	Include	checking, saving	s, money market, or		ertificates of deposit; shares in banks, credit unions, brokerage nstitutions.
	✓ No ☐ Yes	. Fill in the detail	S.		
21.			d you have within 1 other valuables?	year before you filed for	bankruptcy, any safe deposit box or other depository
	✓ No ☐ Yes	. Fill in the detail	s.		
22.	✓ No			or place other than your	home within 1 year before you filed for bankruptcy?
	☐ Yes	. Fill in the detail	S.		
Pá	art 9:	Identify Pro	perty You Hold	or Control for Some	one Else
23.	•	hold or control a		omeone else owns? Incl	ude any property you borrowed from, are storing for,
	✓ No ☐ Yes	. Fill in the detail	S.		

Deb	otor 1	Pamela First Name	G.	Hawkins Last Name	Case number (if known)
P	art 10:	ı	Middle Name  Shout Environi	mental Information	
For	the purp	ose of Part 10, the	following definiti	ons apply:	
ı	hazardou	s or toxic substant	ce, wastes, or ma	terial into the air, land, s	lation concerning pollution, contamination, releases of soil, surface water, groundwater, or other medium, bstances, wastes, or material.
		•		as defined under any en including disposal sites	nvironmental law, whether you now own, operate, or s.
				onmental law defines as ntaminant, or similar iter	s a hazardous waste, hazardous substance, toxic m.
Rep	ort all no	otices, releases, an	d proceedings th	at you know about, rega	ardless of when they occurred.
24.	Has any law?	/ governmental uni	t notified you that	t you may be liable or po	otentially liable under or in violation of an environmental
	☑ No ☐ Yes	. Fill in the details.			
25.	<b>☑</b> No	ou notified any gover.  Fill in the details.	ernmental unit of	any release of hazardou	us material?
26.	Have you	ou been a party in a	ny judicial or adr	ninistrative proceeding ι	under any environmental law? Include settlements and
	☑ No □ Yes	. Fill in the details.			
P	art 11:	Give Details A	bout Your Bu	siness or Connectio	ons to Any Business
27.	Within 4	•	filed for bankrupt	cy, did you own a busin	ness or have any of the following connections to any
		A member of a limit A partner in a partner An officer, director,	ted liability compa ership or managing exec	a trade, profession, or oth ny (LLC) or limited liability cutive of a corporation or equity securities of a c	
		None of the above  Check all that app	• •	rt 12. the details below for each	h business.
		ttle Angels	Descr Dayc	ibe the nature of the bus are	siness Employer Identification number Do not include Social Security number or ITIN.
	ness Name				EIN:
Num	nber Stre	eet	Name	of accountant or bookk	Dates business existed
— Tyl	er	тх			From <u>12/1/2001</u> To <u>Present</u>
City			Code		

Case 17-60016 Doc 1 Filed 01/09/17 Entered 01/09/17 13:04:02 Desc Main Document Page 49 of 53

Debto	or 1	Pamela	G.	Hawkins	Case number (if known)
		First Name	Middle Name	Last Name	
;	all fina	ancial institutions	, creditors, or other	• •	al statement to anyone about your business? Include
Pa	rt 12:	Sign Below	,		
that a	answe erty by	rs are true and co	orrect. I understand	that making a false state	achments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years,
_		nela G. Hawkins G. Hawkins, Debto		X Signature of Debt	 or 2
D	ate _	01/09/2017		Date	
Did y	ou att	ach additional pa	ges to Your Stateme	nt of Financial Affairs for	Individuals Filing for Bankruptcy (Official Form 107)?
☐ Y					
Did y	ou pa	y or agree to pay	someone who is not	an attorney to help you	fill out bankruptcy forms?
<b>☑</b> ,					
	res. N	ame of person			Attach the Bankruptcy Petition Preparer's Notice,

Fill in this in	formation to i	dentify your case	:	Check as	directed in lines 1	7 and 21:
Debtor 1	Pamela First Name	<b>G.</b> Middle Name	Hawkins Last Name	According to Statement:	the calculations require	ed by this
Debtor 2	· <del></del>			<u>  -   -   -   -   -   -   -   -   -</u>	ble income is not deteri U.S.C. § 1325(b)(3).	mined
(Spouse, if filing		Middle Name	Last Name	2. Disposa	ble income is determine U.S.C. § 1325(b)(3).	ed
United States Ba	ankrupicy Count to	or the: <b>EASTERN DIS</b>	OTRICT OF TEXAS		0.3.0. § 1323(b)(3).	
Case number				☑ 3. The con	mitment period is 3 year	ars.
(if known)				4. The con	mitment period is 5 year	ars.
Official Forn	n 122C-1			Check if the	nis is an amended filing	J
		of Your Currer	nt Monthly Income			12/1
		Average Monthly	s, write your name and case		,	
. What is you	r marital and filin	a status? Chack one				
		g status: Check one	only.			
☐ Not ma	rried. Fill out Colu		only.			
			,			
Fill in the av bankruptcy August 31. I in the result.	erage monthly in case. 11 U.S.C. f the amount of yo Do not include ar	umn A, lines 2-11. lumns A and B, lines 2- lecome that you receive § 101(10A). For example the come varies amount more amount more	,	mber 15, the 6-mont the income for all 6 both spouses own t	h period would be Marc months and divide the ne same rental property	ch 1 through total by 6. Fill
Fill in the av bankruptcy August 31. I in the result.	erage monthly in case. 11 U.S.C. f the amount of yo Do not include ar	umn A, lines 2-11. lumns A and B, lines 2- lecome that you receive § 101(10A). For example the come varies amount more amount more	ed from all sources, derived ple, if you are filing on Septer ied during the 6 months, add than once. For example, if	mber 15, the 6-mont the income for all 6 both spouses own t	h period would be Marc months and divide the ne same rental property	ch 1 through total by 6. Fill
Fill in the av bankruptcy August 31. I in the result. income from	erage monthly in case. 11 U.S.C. f the amount of yo Do not include ar that property in or	umn A, lines 2-11. lumns A and B, lines 2- lecome that you receive § 101(10A). For example the come varies amount more amount more	ed from all sources, derived ple, if you are filing on Septer ied during the 6 months, add e than once. For example, if have nothing to report for any	mber 15, the 6-mont the income for all 6 both spouses own to line, write \$0 in the Column A	h period would be Marc months and divide the ne same rental property space.  Column B  Debtor 2 or	ch 1 through total by 6. Fill
Fill in the av bankruptcy August 31. I in the result. income from  Your gross (before all part)	erage monthly in case. 11 U.S.C. f the amount of yo Do not include ar that property in or wages, salary, tip yroll deductions).	umn A, lines 2-11. lumns A and B, lines 2- licome that you receiv § 101(10A). For example amount more any income amount more ne column only. If you los, bonuses, overtime	ed from all sources, derived ple, if you are filing on Septer ied during the 6 months, add e than once. For example, if have nothing to report for any	nber 15, the 6-mont the income for all 6 both spouses own to line, write \$0 in the Column A Debtor 1	h period would be Marc months and divide the ne same rental property space.  Column B  Debtor 2 or non-filing spouse	ch 1 through total by 6. Fill

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2			
Gross receipts (before all	\$25,000.00	\$0.00	-		
deductions)					
Ordinary and necessary operating -	_ \$22,500.00	_ \$0.00			
expenses			Сору		
Net monthly income from a business profession, or farm	\$2,500.00	\$0.00	here →	\$2,500.00	\$0.00

Deb	tor 1	Pamela First Name	G. Middle Na		kins	(	Case number (if ki	nown)	
		i iistivaille	Wildle No	ame Lasti	vanie		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	•
6.	Net i	ncome from rental and	d other re	al property					
				Debtor 1	Debtor 2				
		s receipts (before all actions)		\$0.00	\$0.00				
		nary and necessary ope enses	erating -	\$0.00	\$0.00	Сору			
		monthly income from re real property	ntal or	\$0.00	\$0.00	here →	\$0.00	\$0.00	
7.	Inter	est, dividends, and ro	yalties				\$0.00	\$0.00	
8.	Une	mployment compensa	tion				\$0.00	\$0.00	
		ot enter the amount if y fit under the Social Sec							
	F	or you			\$0.	00_			
	F	or your spouse			\$0.	00			
9.		sion or retirement inco a benefit under the Soc		•	ount received that		\$0.00	\$0.00	
	amor or pa or int	me from all other sour unt. Do not include any syments received as a v ternational or domestic trate page and put the to	benefits rictim of a terrorism.	received under the war crime, a crime If necessary, list o	Social Security A against humanity	ct ,			
11.	<b>Calc</b> Add	l amounts from separati ulate your total averag lines 2 through 10 for e	ge monthl ach colum	y income.		†	\$3,100.00	+ \$0.00	= \$3,100.00
	11101	rada trie total for Goldin		total for Goldmir E					Total average monthly income
Pa	art 2	Determine Ho	w to Me	asure Your De	ductions fror	n Incom	е		
12.	Copy	y your total average m	onthly in	come from line 11					\$3,100.00
13.	Calc	ulate the marital adjus	stment. C	Check one:					
You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the of you or your dependents, such as payment of the spouse's tax liability or the spouse's support than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each necessary, list additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.								of someone other	
		Total					\$0.00 Copy	y here →	\$0.00
1.4	Va	current monthly inco	ma Cula	tract the total in line	12 from line 12				\$3,100.00

Deb	tor 1	Pame		G.	Hawkins	Case number (if known)					
45	Colo	First N		Middle Name	Last Name						
15.		-		-	he year. Follow these ste		•• •••				
	15a.	Copy lii	ne 14 here •	<b>&gt;</b>			\$3,100.00				
		Multiply	line 15a by	12 (the number of m	onths in a year).		X 12				
	15b.	The res	sult is your cu	rrent monthly incom	e for the year for this part o	of the form.	\$37,200.00				
16.	Calc	ulate the	median fam	ily income that app	olies to you. Follow these	steps:					
	16a.	Fill in th	ne state in wh	ich you live.	Texa	as					
	16b.	Fill in th	ne number of	people in your hous	ehold. 2						
	16c.	To find	a list of appli	cable median incom		ldg the link specified in the separate nkruptcy clerk's office.	\$59,366.00				
17.	How	do the li	nes compar	e?							
	17a.	Ľ		•		1 of this form, check box 1, <i>Disposable income</i> Calculation of Your Disposable Income (Official					
	17b.	<b>–</b>	1 U.S.C. § 13	25(b)(3). Go to Part		orm, check box 2, <i>Disposable income is determ</i> of Your Disposable Income (Official Form 1 m line 14 above.					
Pa	art 3:	Cal	Iculate Yo	ur Commitment	Period Under 11 U.S	S.C. § 1325(b)(4)					
18.	Сору	y your to	tal average r	nonthly income fro	m line 11		\$3,100.00				
19.	that o	calculatin	-	ment period under 1		ouse is not filing with you, and you contend ws you to deduct part of your spouse's					
	19a. If the marital adjustment does not apply, fill in				fill in 0 on line 19a		\$0.00				
	19b.	Subtra	ct line 19a fr	om line 18.			\$3,100.00				
20.	Calc	ulate you	ur current me	onthly income for t	he year. Follow these ste	ps:					
	20a.	Copy lin	ne 19b				\$3,100.00				
		Multiply	/ by 12 (the n	umber of months in	a year).		X 12				
	20b.	The res	sult is your cu	rrent monthly incom	e for the year for this part o	of the form.	\$37,200.00				
	20c.	Copy th	ne median far	nily income for your	state and size of househol	ld from line 16c	\$59,366.00				
21.	How	do the li	nes compar	e?							
	سخا				erwise ordered by the cour years. Go to Part 4.	rt, on the top of page 1 of this form,					
	_				. Unless otherwise ordered at period is 5 years. Go to	d by the court, on the top of page 1 Part 4.					

Debtor 1	Pamela First Name	<b>G.</b> Middle Name	Hawkins Last Name	Case number (if known)	—
Part 4:	Sign Below	v			
By sig	ning here, under p	penalty of perjury I decl	are that the information	on this statement and in any attachments is true and correct.	
<b>X</b> /s/	Pamela G. Hav	vkins		X	
Pa	mela G. Hawkins,	Debtor 1		Signature of Debtor 2	
Da	te 1/9/2017 MM / DD / YY	YY		Date	

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.